

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2	1						52				
3		2					53				
4		2					54				
5		2					55				
6		8					56				
7		2					57				
8		1					58				
9		2					59				
10		1					60				
11		1					61				
12	1						62				
13	1						63				
14	1						64				
15		3					65				
16		3					66				
17		3					67				
18		3					68				
19		3					69				
20		3					70				
21		3					71				
22		3					72				
23		3					73				
24		3					74				
25		1					75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	49						TOTAL DEP.				
TOTAL CLAIMS	54						TOTAL CLAIMS				